

Revised 1/2/09

**IN THE COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
MAHONING COUNTY, OHIO**

_____)	CASE NO. _____
PLAINTIFF/PETITIONER)	
)	
VS/AND)	REQUEST FOR
)	COURT APPOINTED ATTORNEY
_____)	
DEFENDANT/PETITIONER)	
)	

I, _____, hereby acknowledge receipt of the summons and order to appear as well as the motion and notice for the contempt hearing scheduled.

I believe myself to be indigent and unable to retain counsel for the hearing as scheduled above. I hereby apply for a court-appointed attorney for representation.

Please contact me at the address or phone number listed below for verification of indigency hearing date.

DATE: _____ **SIGNATURE** _____

Name and Address (print or type)

Home Phone: _____

Work Phone: _____

PLEASE RETURN THIS FORM TO:

**MAHONING COUNTY DOMESTIC RELATIONS COURT
Mahoning County Courthouse, 4th Floor
120 Market Street
Youngstown, Ohio 44503
Attn: Amy**